

## **INSTRUCTIONS for 2015 Immunization Report**

### **Section 1 Reporting Form: Childcare facility information:**

1. Fill in your LICENSE number, name of Childcare program (as you are licensed), address same as on license, county, contact person, and phone number.
2. Circle the appropriate category of licensure
3. Answer the 2 questions in this section.

Note: (3a) "Yes" answer to the first question means you continue to (3b).

(3a) "No" answer to the first question means you do not have to go any further but you must mail completed Section 1 Reporting form.

(3b) "Yes" answer to the second question means you do not have to go any further but you must mail Section 1 Reporting form.

(3b) "No" answer to the second question means you need to provide the vaccination information for each child in your care (DO NOT include your own children or children who have reached kindergarten age or are enrolled in a public or private school).

4. Fill in the name and address for any additional facilities that you are reporting for.

### **Reporting form Part 2- Individual child record boxes:**

1. Write the name of the Childcare facility on the top
2. Fill in the immunization information for each child in your care (**DO NOT include your own children or children who have reached kindergarten age and are enrolled in a public or private school**). Please remember to include the Birth Date of each child. Count the number of each type of immunization the child received and record that number in the fillable form. See example at top of Section 2.
3. Mail the report (Sections 1 & 2 ) to: NDHHS - Immunization Program or Fax: 402-471-6426  
P.O. Box 95026  
Lincoln, NE 68509-5026 Email: DHHS.Immunizations.nebraska.gov

**REFUSAL** = If a parent refuses to have their child immunized, or a medical professional states it is not appropriate for the child to be immunized, then a copy of a written parental statement or statement from the medical professional indicating the child should not be immunized must be marked on the report and the original document kept in the child's file, copy sent with report to the state.

**VARICELLA/CHICKENPOX** = If a child has HAD the varicella (chickenpox) DISEASE then he/she will not need the varicella shot but you must mark the box on the report stating child has had disease and SEND A COPY to the state( keep the original document signed by the parent, guardian, and/or medical provider in the child's file). On the reporting form, you will not need to put the number of shots in the VZV box, instead, check the Varicella box stating the child had the disease.

*Please remember to have parents update immunization information each year.*

**DON'T FORGET TO KEEP A COPY OF THE COMPLETED FORMS FOR YOUR FILES!!!!**

**FAILURE TO COMPLY**  
**COULD RESULT IN A NONCOMPLIANCE BEING ISSUED TO YOUR PROGRAM**